## Dalton Board of Health

462 Main Street Dalton, MA 01226 413 684-6111 x20 boh@dalton-ma.go

	Permit Exp Dat							
Establishment Name	Establ Phone							
Location Street Addres Primary Contact Name	Contact P			hone	0			
Corp or Owner Nam Mailing Addres City Primary Email		State	Zip Alteri	nate Email				
Person w/ Food Manager Cer Person w/ Allergen Certificat # Seats 0 Chokesaver Required				Allergen E	Food Manager Exp Dat Allergen Exp Date # Choke Trained 0			
Grease Pumpe		Garbage Prov	ide		Compos	t Provide		
Menu Descriptio								
TYPE OF PERMIT								
Retail Food Only								
Food Service\$50.00  Caterer (with approved commisary Kitchen)\$50.00 Com Kitchen Location								
Frozen Dessert					COIII RICCIICII	Location		
Residential Kitchen	(low risk fo	oods only)		\$35.00				
Temporary Food (u Com Kitchen Locati		s)		\$35.00	Date Start		Date Stop	
Non-Profit Tempor	ary Food Ev	vents		\$ 0.00				
Permit Condition								
Outstanding Violations								
☐ I certify that I comp	oly with M.	G.L. c 152(c), W	/orkman	's Comp La				
■ I affirm that I have my operations, incl								t pertain to
Applicant Signature			-		Date			
Applicant Name:				Applicant Role:				